

TIMING OF PROVISION OF ANKLE-FOOT ORTHOSES AFTER STROKE:

first results of a randomized longitudinal study

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BACKGROUND

- Ankle-foot orthoses (AFOs) are frequently used to improve gait and safety of walking after stroke.
- Scientific literature studying the effects of providing AFOs at different moments in time after stroke is lacking.

AIM

• To study the longitudinal effects of providing AFOs at different moments in time in the rehabilitation after stroke on walking impairments, mobility, activities of daily living and falls.

METHODS

Intervention

- Randomized controlled trial
- AFO provision at inclusion (early) or 8 weeks later (late).

Patients

 (Sub)acute stroke patients with AFO indication admitted to the Roessingh rehabilitation centre.

Outcome measures

• Clinical scales, 3D gait analysis (incl. electromyography), quality-of-life questionnaires, fall-registration using diaries

Measurements

• (bi)weekly for 18 weeks, follow-up in week 26 and 52

THIS POSTER

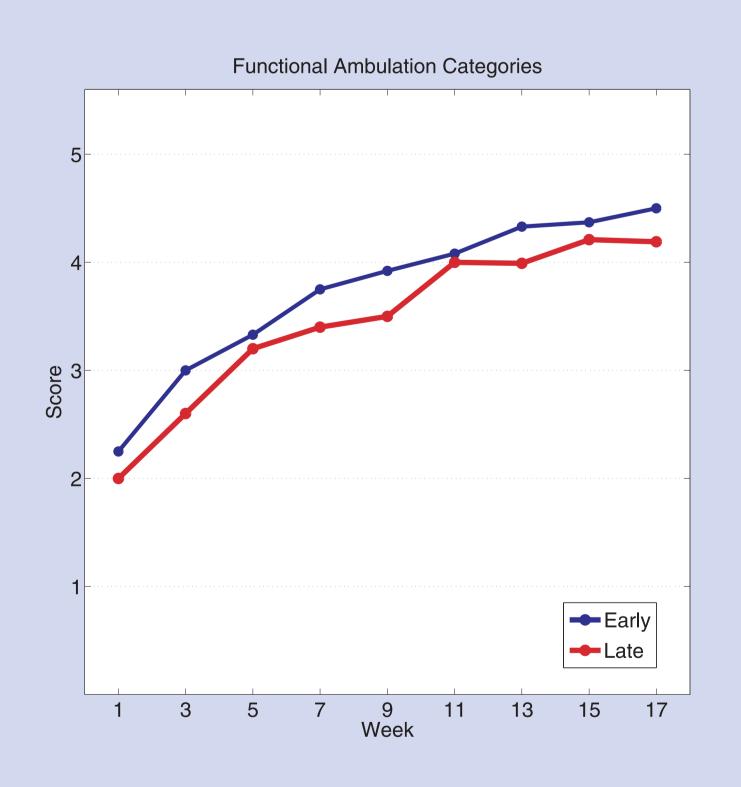
• First results of effects of timing of AFO provision after stroke on subset of clinical scales: Functional Ambulation Categories, Berg Balance Scale, 10-m walking test and 6-min walking test

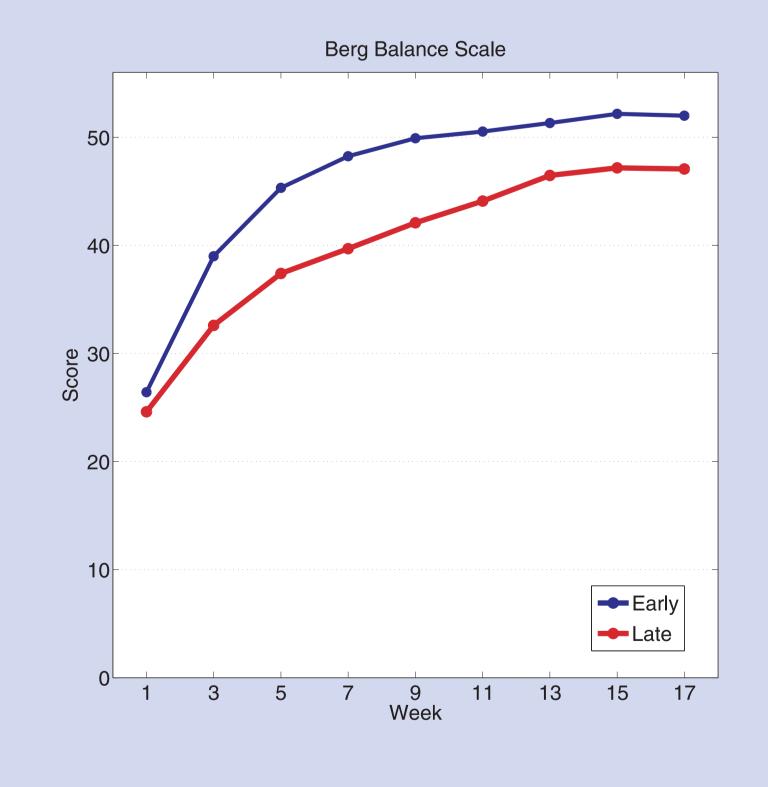
RESULTS

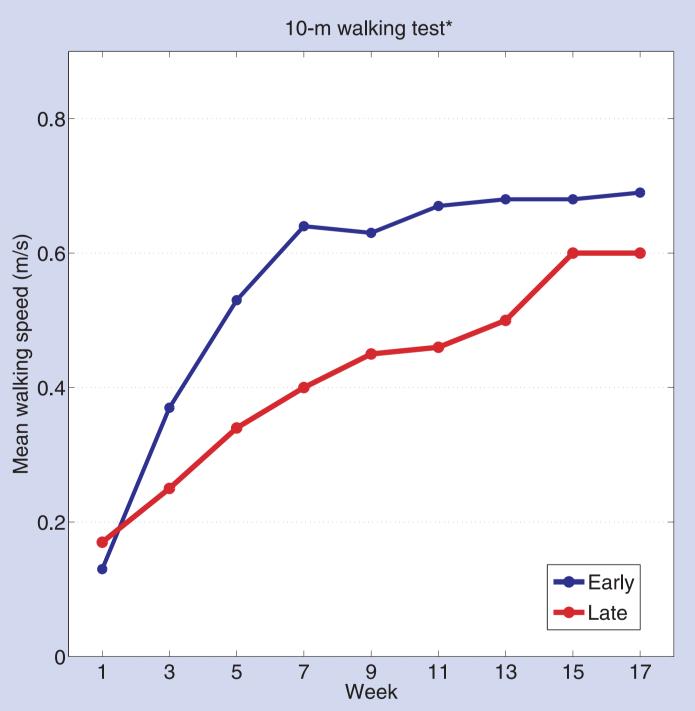
• Twenty-two subjects (12 early, 10 late) completed the first 17 weeks of measurements so far.

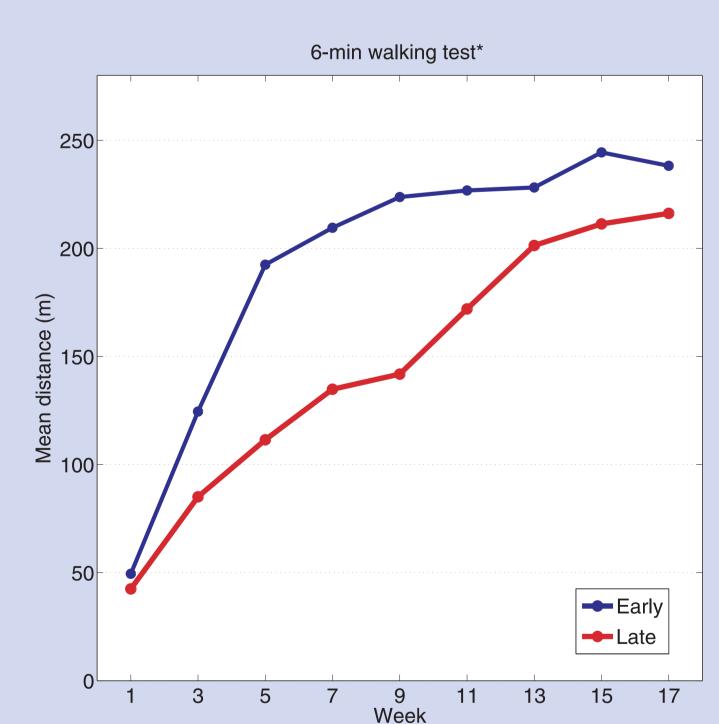
	Early (N=12)	Late (N=10)
Mean age (years, min-max)	57,9 (40-70)	57,1 (45-70)
Male / Female	9 / 3	6 / 4
Mean time since stroke (weeks)	4,7	4,8
Ischemic / haemorragic	11 / 1	7 / 3
Affected body side L / R	5 / 7	6 / 4

• See graphs below. Both groups showed progress over time, with higher scores in the early AFO-group. The BBS and 6MWT showed statistically significant differences between the early and late group over time (p < 0.05)









* Note: minmum level of FAC 3 required in order to perform walking tests

DISCUSSION AND CONCLUSION

- Early AFO provision shows a positive trend, with significant differences for BBS and 6MWT
- ·However, first analyses performed with a limited number of subjects in both groups
- Future: include more subjects and outcomes on 3D gait analysis, fall registration and quality of life questionnaires

CLINICAL MESSAGE

•These preliminary results indicate that early AFO provision might be beneficial. However, the results so far are based on a small number of subjects. The legitimacy of the presented results have to be confirmed in future analyses including more subjects.



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